

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAGESTATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I **LOBBYIST** NAME(Last) (Middle) (First) **TELEPHONE** Botti Richard C. 808-479-7966 MAILING ADDRESS (Street) FAX 808-599-2606 677 Ala Moana Blvd., Suite 815 (City) (Zip Code) (State) Honolulu HI 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE 533-6750 LEGISLATIVE INFORMTION SERVICES OF HAWAII, INC. (LISH) MAILING ADDRESS (Street) FAX 808-599-2606 677 Ala Moana Blvd., Suite 815 (City) (State) (Zip Code) Honolulu HI 96813

PART II ORGANIZATION		
DeHart and Darr Associate, Inc.		TELEPHONE 703-448-1000
MAILING ADDRESS (Street)	FAX 703-790-3460	
1360 Beveraly Road, Suite 201		
(City) McLean,	(State) VA	(Zip Code) 22101
NAME OF PERSON RESPONSIBLE FOR PREP	PARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 703-443-1000
Anne Darr		
MAILING ADDRESS (Street) 1360 Beverly Road, Suite 201		FAX 703-790-3460
(City) McLean	(State) VA	(Zip Code) 22101

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
[] Agriculture [X] Communications & Public Utilities [X] Consumer Protection & Commerce [] Culture, Arts, Historic Preservation [] Ecology, Energy Environmental Protection	 [X] Education [X] Government Operations & Finance [] Hawaiian Affairs [] Health [] Housing 	[] Human Services [X] Intergovernmental Relations, International Affairs [X] Labor & Employment [] Planning, Land & Water Use Management [X] Public Safety & Corrections	[X] Science, Technology & Economic Development [] Tourism & Recreation [] Transportation [] Other: (indicate below)				
PART IV CERTIFICATION	N OF LOBBYIST						
I hereby certify that the	information furnished above in (Signature of Lobbyist)	to the best of my knowledge, correct and complete. ナー多/ーの5 (Date)					
PART V AUTHORIZATIO	N TO LOBBY						
NAME Anne Darr		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED				
NAME OF ORGANIZATION (if app DeHart and Darr Associates, In	plicable)		ELEPHONE 03-448-1000				
MAILING ADDRESS (Street) 1360 Beverly Road, Suite 201			AX 03-790-3460				
(City) McLean	(State) VA	(Zip Co. 22101					
I hereby authorize the	above - named person to enga	age in lobbying activities on be	2~ 1/25/2005				
(Signat	ture of Authorizing Officer or Person	Represented)	(Date)				